



March 6, 2022

**S.B. No. 213 (RAISED) AN ACT ALLOWING MEDICAL ASSISTANTS TO
ADMINISTER VACCINES**

Dear Co-Chairs, Sen. Abrahams, Sen. Anwar, Rep. Steinberg, and Ranking Members, Sen. Hwang, Sen. Somers and Rep. Petit and members of the Public Health Committee.

Thank you for hearing our testimony and recommendations for your consideration regarding **SB 213 An Act Allowing Medical Assistants to Administer Vaccines**.

Now more than ever, the public understands the importance of a robust healthcare workforce. The Connecticut Nurses' Association acknowledges the critical role of high-functioning interdisciplinary teams in delivering primary healthcare. The driving framework for creating this primary care healthcare workforce prioritizes patient safety and working to the top of education and training.

After a review of Medical Assistant (MA) certification programs, requirements to sit for national certification, discussion with a CT Associates Degree MA, review of the functioning of MAs in other states, and talking with Advanced Registered Nurse Practitioners (potential delegators), we offer the following recommendations to ensure employers receive a minimally trained individual to administer vaccines by injection safely in an outpatient setting AND ensure positive patient outcomes.

1. Recommendation: Limit Age to Individual 18 years of age and older

Young children, who's body size and immature systems put them most at risk for harm from medication errors, and the complexity, variability of the childhood vaccination schedule, increase the chance for error and harm. Maintaining a licensed, accountable healthcare provider who has the pharmacological, biological, and developmental education that supports the critical thinking needed in medication administration for this age group. The state has prioritized childhood vaccination rates, uncertain families need a licensed individual who can support their decision-making and provide care throughout the administration. Further, when vaccines are not given at the right time, even a few days or weeks off schedule, schools require re-administration of the vaccine. [Complex Catch Up Schedule](#).



Here is a high-level review of the complexity of the [CDC childhood vaccine schedule](#).

By the age of 2, a child receives:

- Vaccination against 14 diseases.
- There are 10 vaccines for these diseases (some vaccines are combinations).
- Receive a total of 25 injections.
 - Each visit of the childhood well child/immunization schedule for 0-2 contains
 - **2 months: 6 injections (8 diseases)**
 - **4 months: 5 injections (7 diseases)**
 - **6 months: 4 injections (possibly 5 if flu season)**
 - **12 -15 months: 7 injections**
 - **24 months – varies depending on above/influenza season**
 - **4-6 year old: 5 injections**
 - **Varies widely flu, HPV and meningococcal**

[Contrast to the CDC adult schedule:](#) Vaccinations for adults between the ages of 19 and 65++

- Annual influenza vaccines (every year)
- Tdap once, TD every ten years (every 10 years)
- Zoster (2 doses)
- Pneumococcal (2 doses)
- Meningococcal (2-3 doses)
- HPV (2-3 doses)
- Hepatitis, MMR, Varicella – depending on history

2. Recommendation: Address Relationship between the Registered Nurse and the Medical Assistant

Currently, there is no proposed language that defines the role of the Registered Nurse in relation to the Medical Assistant (unlicensed assistive personnel).

For clarity, we propose adding:



"The physician, advanced practice registered nurse, or physician assistant's delegation of vaccine by injection to a medical assistant in no way intends to create a supervisory or delegatory relationship between the Registered Nurse and the Medical Assistant (unlicensed assistive personnel)."

Rationale

The CT Nurse Practice Act and subsequent declaratory ruling by the CT Board of Examiners of Nursing have explicit guidance for Registered Nurses on delegation of activities to unlicensed assistive personnel. The guidance **specifically excludes the administration of any medication.**

The fact that vaccines are a type of medication (drug), as defined by the Federal Drug Administration, therefore excludes the RN from being eligible in this situation for delegation activities of an MA giving vaccines.

Adding language will make the relationship explicit.

3. Vaccine Medication Administration Training and Registration with the Department of Public Health

We appreciate the inclusion of training hours in this proposed bill.

The nursing coursework and clinical applications can not be expected to be replicated or captured in a Medical Assistant program. It must be understood that nurses are the primary medication administrators in healthcare. Their training, clinical experiences, preceptorships, and employment onboarding all support and reaffirm these skills.

As such, the proposed abbreviated training for MAs to focus on vaccine preventable diseases and vaccine administration defines the knowledge and skills, but must be provided within the context of safe medication administration and incorporate enough content to ensure patient safe guards are maintained. The complexity of vaccine administration cannot be ignored.

We propose the training requirements be further defined to ensure standards of patient safety due to the variability and limitations of the pathways to become a certified medical assistant, from no formal training to an Associate's Degree. The different pathways create additional employer challenges related to onboarding and assurance of skill competency. The training will bring medication-certified Medical Assistants to a more level area.

Proposed training in addition to national medical assistant certification.



- The Department of Public Health shall develop and monitor a certification course that would meet the requirements in this bill for classroom hours and clinical/skills competency hours for those Certified Medical Assistants.
- The certification will last for a designated period. Upon expiration, that re certification/refreshers course be done according to a timeline determined and administered by the Department of Public Health.

Content

There are existing, free, comprehensive resources immediately available that can be leveraged to ensure rapid availability. For instance, the CDC *Call the Shots* (see referenced materials at the end of the testimony) program covers vaccines in the CDC adult schedule, as well as critical information about storage, handling, acceptable combinations, routes, needle choice, as well as how to identify a reaction or emergency post vaccination.

[CDC webpage on Vaccine Storage and Handling Recommendations and Guidelines](#)

with many vaccine storage resources. Each vaccine and combination of vaccines has requirements for their storage, documentation, and safety. Inappropriate storage and maintenance may cause vaccines to lose potency and efficacy.

[CDC You Call the Shots](#): Includes information about basic vaccine guidance, basic vaccine administration, and information on all vaccine preventable diseases and vaccines. Safe administration requires more than just placing an injection at the appropriate site with the appropriate needle size and technique. There are considerations in reading, understanding, and implementing standing orders. Proper storage, documentation, patient education and evaluation after administration, etc.

Protocols should be followed and legal documentation of adverse reactions should be carefully documented and submitted to the CDC.

4. Incorporate Additional Requirements that reflect Best Practices from other states

- Require the delegating healthcare provider to engage in ongoing monitoring, including regular observation of MA's full process for providing vaccine administration, from reading the order, preparing the vaccine, administration, documentation, and follow up.
- Require the Physician, APRN, or PA to be physically onsite to assess the patient prior to ordering the administration of vaccines, and to respond, in the event of an unusual event. (many states require this)



- Require the Medical Assistant's name is documented in the patient's chart as the vaccine administrator.

5. **Identification as a Medical Assistant**

Recommend adding to the bill a requirement that the MA identify themselves as a Medical Assistant. See the notice from the NH Board of Medicine.

New Hampshire Board of Medicine

"The distinction between a nurse and a MA is one patients may not think about or may not be aware of and often do not recognize. MAs should be instructed they must inform patients that they are MAs when a patient, a drug rep. or other person incorrectly identifies the MA as a nurse. Recognition of the distinction between a licensed nurse and an unlicensed MA is of concern to the NH Board of Nursing. Formal or informal policies in an office setting to ensure the establishment of that distinction are appropriate when employing MAs in roles that may be mistaken for nursing positions. "

Thank you for your consideration of these measures to strengthen this bill by pulling best practices from other states and the experience of educators and healthcare providers.

Please feel free to reach out to discuss this further, or to answer any questions.

Sincerely,

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Education and Training

Free and updated regularly

[CDC Immunization Best Practices/Guidance 195 page PDF](#)

[CDC You Call the Shots Vaccine eLearn Series](#)

“PROGRAM DESCRIPTION: You Call the Shots is a series of interactive, web-based, immunization training courses that present practice-oriented immunization content in a step-by-step, self-study format. These courses are ideal for medical or nursing students, new vaccination providers, or seasoned health care providers seeking a review. You Call the Shots consists of a series of modules that discuss vaccine-preventable diseases and the latest recommendations for vaccine storage, administration, and use. Each module provides learning opportunities, self-test knowledge checks, reference and resource materials, and an extensive glossary.”

Introductory to the basics include:

- Understanding the Basics (127)
- Vaccine Administration (124)
- Vaccine Storage and Handling (136)



